

Foster Family Home - Deficiency Report

Provider ID: 1-200068

Home Name: Maryvic Dumlao, NA

Review ID: 1-200068-3

98-878 Olena Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 9/13/2021

| Foster Family Home | Required Certificate | [11-800-6] |
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 10/13/21.

| Foster Family Home | Background Checks | [11-800-8] |
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#2's APS/CAN/Fingerprinting lapsed on 9/9/2021 and no current result present in the CCFFH binder.

| Foster Family Home | Information Confidentiality | [11-800-16] |
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No evidence present for CG#3, CG#4, and CG#5 of having had the confidentiality policies and procedures and client privacy rights training.

| Foster Family Home | Personnel and Staffing | [11-800-41] |
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41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)- CG#2, CG#3, and CG#4 were without Basic Skills Checks completed on Client #1 and Client #2.

| Foster Family Home | Client Care and Services | [11-800-43] |
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43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegations present for CG#2, CG#3, and CG#4 on Client #1 and Client #2.

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Fire Safety

[11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#2, CG#3, CG#4, and CG#5 without evidenced of having conducted a monthly fire drill.

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Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(a)- CG#2, CG#3, and CG#4 without evidenced of having had the CCFFH Emergency Preparedness Plan training.

50.(e)- CCFFH with a closed gate and 3 dogs were inside the garage; no gate buzzer/intercom present for CTA/agency for a quick means of communication with the CCFFH.

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Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #2 with a [REDACTED] [REDACTED] [REDACTED] inside bedroom. No written authorization from client/POA present in client's chart.

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Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

54.(c)(8) Personal inventory.



Comment:

54.(c)(5)- Client #1's Medication Administration Record (MAR) was last signed on 9/6/2021 and 3 scheduled for afternoon medications were without signatures from 9/1/2021-9/12/2021.

Client #2's MAR was last signed on 9/8/2021.

54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was last signed on 9/6/2021 and Client #2's last signed on 9/8/2021.

54.(c)(8)- No Personal Inventory List completed for Client #1.


Compliance Manager

Primary Care Giver

Date 9/13/2021
Date 9/13/2021